

APPENDIX B: FORMS



INCIDENT BRIEFING (ICS FORM 201)

Purpose: The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

Preparation: The briefing is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.

Distribution: After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

Instructions for Completing the Incident Briefing (ICS Form 201)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Map Sketch	Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	Prepared By	Enter the name and position of the person completing the form.
	Resources Ordered	Enter the number and type of resource ordered.
	Resource Identification	Enter the agency three-letter designator, S/T, Kind/Type and resource designator.
	ETA/On Scene	Enter the estimated arrival time and place the arrival time or a checkmark in the "on the scene" column upon arrival.
	Location/Assignment	Enter the assigned location of the resource and/or the actual assignment.
6.	Summary of Current Actions	Enter the strategy and tactics used for the incident and note any specific problem areas.
7.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
8.	Resources Summary	Enter the following information about the resources allocated to the incident. Enter the number and type of resources ordered.
*NOTE		Additional pages may be added to ICS Form 201 if needed.

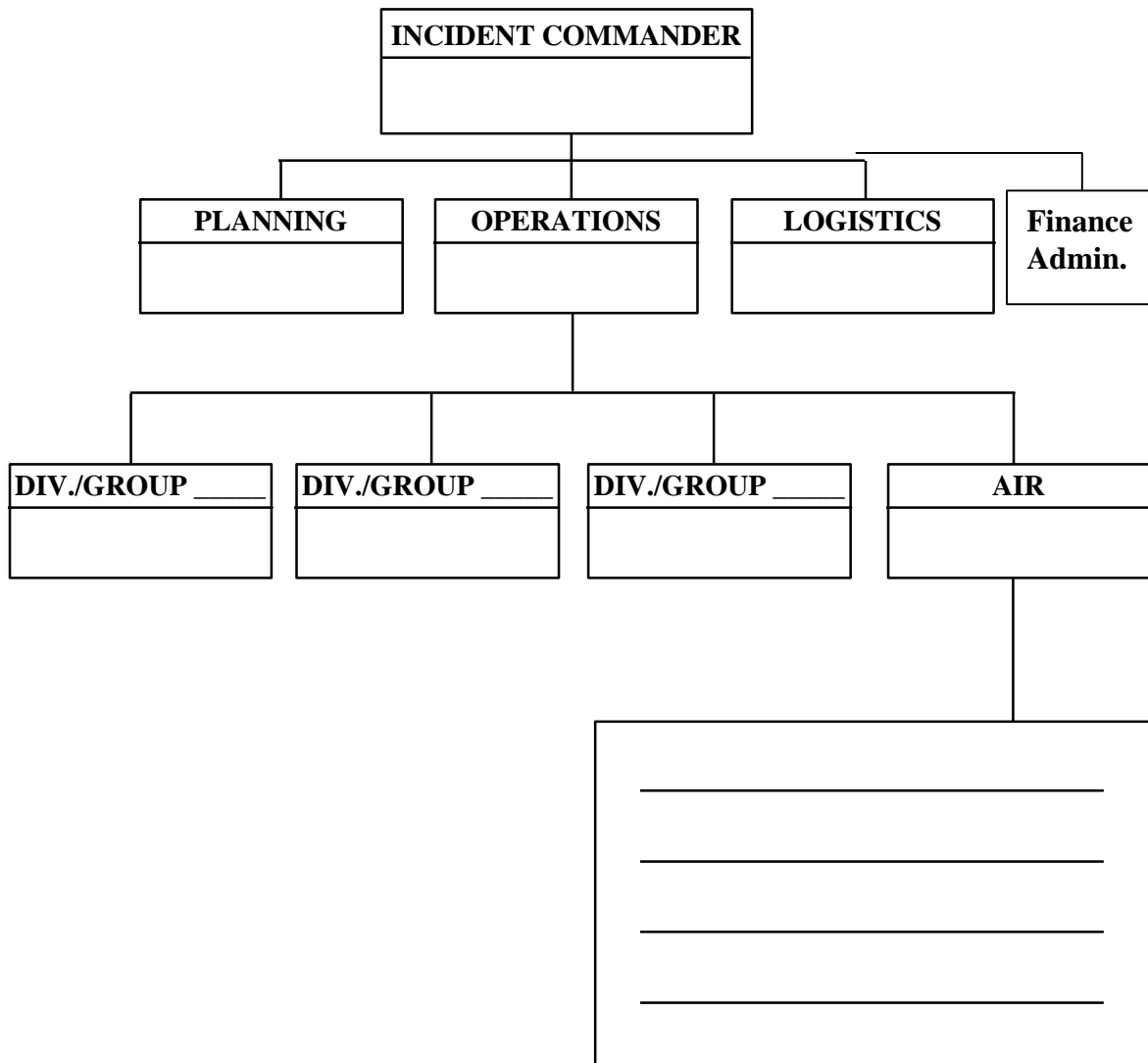


INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
ICS 201 (12/93) NFES 1325	PAGE 1	5. PREPARED BY (NAME AND POSITION)	

[illegible]



7. CURRENT ORGANIZATION





8. RESOURCES SUMMARY				
RESOURCES ORDERED	RESOURCES IDENTIFICATION	ETA	ON SCENE ✓	LOCATION/ASSIGNMENT
ICS 201 (12/93) NEFS 1325	PAGE 4			

**Instructions for Completing the Incident Objectives (ICS Form 202)**

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	General Control Objectives (Include alternatives)	Enter short, clear, and concise statements of the objectives for managing the incident, including alternatives. The control objectives usually apply for the duration of the incident.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	General Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

Basic Incident Command System (ICS) Instructor Guide



ORGANIZATION ASSIGNMENT LIST (ICS FORM 203)

Purpose: The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position or unit. It is used to complete the Incident Organization Chart (ICS Form 207) which is posted on the Incident Command Post display.

Preparation: The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.

Distribution: The Organization Assignment List is duplicated and attached to the Incident Objectives form and given to all recipients of the Incident Action Plan.

Instructions for Completing the Organization Assignment List (ICS Form 203)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increases or decrease or a change in assignment occurs.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
5 through 10.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Division/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.



ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)		
5. INCIDENT COMMANDER AND STAFF		9. OPERATIONS SECTION		
INCIDENT COMMANDER		CHIEF		
DEPUTY		DEPUTY		
SAFETY OFFICER		a. BRANCH I - DIVISION/GROUPS		
INFORMATION OFFICER		BRANCH DIRECTOR		
LIAISON OFFICER		DEPUTY		
6. AGENCY REPRESENTATIVES		DIVISION/GROUP		
AGENCY	NAME	DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
7. PLANNING SECTION		b. BRANCH II - DIVISION/GROUPS		
CHIEF		BRANCH DIRECTOR		
DEPUTY		DEPUTY		
RESOURCES UNIT		DIVISION/GROUP		
SITUATION UNIT		DIVISION/GROUP		
DOCUMENTATION UNIT		DIVISION/GROUP		
DEMobilIZATION UNIT		DIVISION/GROUP		
TECHNICAL SPECIALISTS		DIVISION/GROUP		
		c. BRANCH III - DIVISION/GROUPS		
		BRANCH DIRECTOR		
		DEPUTY		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
8. LOGISTICS SECTION		d. AIR OPERATIONS BRANCH		
CHIEF		AIR OPERATIONS BR. DIR.		
DEPUTY		AIR TACTICAL GROUP SUP.		
a. SUPPORT BRANCH		AIR SUPPORT GROUP SUP.		
DIRECTOR		HELICOPTER COORDINATOR		
SUPPLY UNIT		AIR TANKER/FIXED-WING CRD.		
FACILITIES UNIT		10. FINANCE SECTION		
GROUND SUPPORT UNIT		CHIEF		
b. SERVICE BRANCH		DEPUTY		
DIRECTOR		TIME UNIT		
COMMUNICATIONS UNIT		PROCUREMENT UNIT		
MEDICAL UNIT		COMPENSATION/CLAIMS UNIT		
FOOD UNIT		COST UNIT		
203 ICS 1-82		PREPARED BY (RESOURCES UNIT)		

NFES 1327

DIVISION ASSIGNMENT LIST (ICS FORM 204)

[illegible]

7540-130-0285

***INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205)***

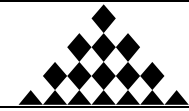
Purpose: The Incident Radio Communications Plan provides in one location information on all radio frequency assignments for each operational period. The plan is a summary of information obtained from the Radio Requirements Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the Radio Communications Plan on frequency assignments is normally placed on the appropriate Assignment List (ICS Form 204).

Preparation: The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on preparing this form may be found in ICS 223-5, Communications Unit Position Manual.

Distribution: The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form including the Incident Communications Center. Information from the plan is placed on Assignment Lists.

Instructions for Completing the Incident Radio Communications Plan (ICS Form 205)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Operational Period Date/Time	Enter the date and time interval for which the Radio Communications Plan applies. Record the start time and end time and include date(s).
4.	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used for the incident (e.g., Boise Cache, FIREMARS, Region 5, Emergency Cache, etc.).
	Channel	Enter the radio channel numbers assigned.
	Function	Enter the function each channel number is assigned (i.e., command, support, division, tactical, and ground-to-air.)
	Frequency	Enter the radio frequency tone number assigned to each specified function (e.g., 153.400).
	Assignment	Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the names of the Communications Unit Leader preparing the form.



INCIDENT RADIO COMMUNICATIONS PLAN				1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. BASIC RADIO CHANNEL UTILIZATION						
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS	
205 ICS 9/86			5. PREPARED BY (COMMUNICATIONS UNIT)			

NFES 1330



MEDICAL PLAN	1 INCIDENT NAME	2 DATE PREPARED	3 TIME PREPARED	4 OPERATIONAL PERIOD				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
6 TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
7 HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
206	ICS 8-78	9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			



INCIDENT ORGANIZATION CHART (ICS FORM 207)

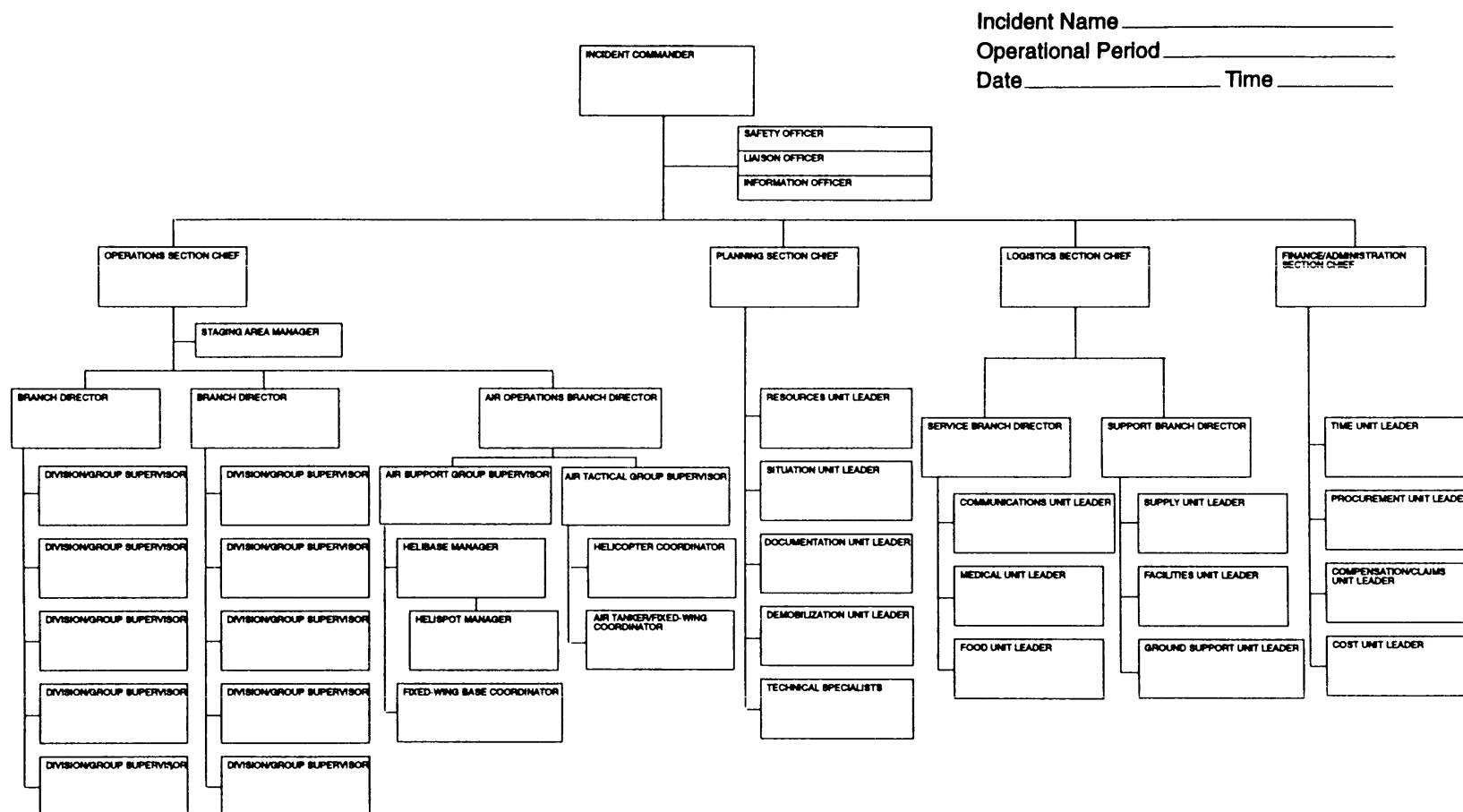
Purpose: The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of organizational chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.

Preparation: The organization chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. A chart is completed for each operational period and updated when organizational changes occur.

Distribution: When completed, the chart is posted on the display board located at the Incident Command Post.

Wall Size Chart: The ICS 207 WS is a large chart that is primarily used to post on the command post display board for better visibility.

APPENDIX B: FORMS



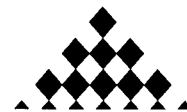
NFES 1332

207 ICS 9/86



1. INCIDENT NAME		2. INCIDENT NO.		3. INCIDENT COMMANDER		4. JURISDICTION		5. COUNTY		INCIDENT STATUS SUMMARY ICS 200 (1-31)													
6. TYPE INCIDENT		7. LOCATION																		8. STARTED (DATE/TIME)			
9. CAUSE		10. AREA INVOLVED		11. PERCENT CONTAINED		12. EXPECTED CONTAINMENT Date _____ Time _____		13. PERCENT CONTROLLED		14. EXPECTED CONTROL Date _____ Time _____													
15. CURRENT THREAT						16. CONTROL PROBLEMS																	
17. EST. LOSS		18. EST. SAVINGS		19. INJURIES DEATHS		20. LINE BUILT		21. LINE TO BUILD															
22. CURRENT WEATHER WS _____ TEMP _____ WD _____ RH _____		23. PREDICTED WEATHER NEXT PERIOD WS _____ TEMP _____ WD _____ RH _____		24. INCIDENT COSTS—PREVIOUS DAY		25. TOTAL COST TO DATE																	
26. AGENCIES																						TOTALS	
27. RESOURCES																						TOTALS	
KIND OF RESOURCE		INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST	INC	ST
ENGINES																							
DOZERS																							
CREWS																							
HELICOPTERS																							
AIR TANKERS																							
TRUCK COS.																							
RESCUE/MED.																							
WATER TENDERS																							
OVERHEAD PERSONNEL																							
TOTAL PERSONNEL																							
28. COOPERATING AGENCIES																							
29. REMARKS																							
30. PREPARED BY				31. APPROVED BY				32. DATE _____ TIME _____				33. INITIAL UPDATE <input type="checkbox"/> FINAL <input type="checkbox"/>				34. SENT TO: _____ DATE _____ TIME _____ BY _____							

7540-130-0289



DESIGNATOR NAME/ID. NO. _____		
STATUS _____		
<input type="checkbox"/> ASSIGNED <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S PERSONNEL		
_____ ETR (O/S = Out of Service)		
FROM	LOCATION	TO
	DIVISION	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA _____
	HOME AGENCY	
MESSAGE _____ _____		
<div style="text-align: right;"> RESTAT PROCESS <input type="checkbox"/> </div>		
TIME _____		
ICS 210 STATUS CHANGE CARD <div style="text-align: right; font-size: small;">Previous editions of this form may be used</div>		
11-81		

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RADIO REQUIREMENTS WORKSHEET						1. INCIDENT NAME			2. DATE		3. TIME	
4. BRANCH			5. AGENCY			6. OPERATIONAL PERIOD			7. TACTICAL FREQUENCY			
8. DIVISION/GROUP			DIVISION/ GROUP			DIVISION/ GROUP			DIVISION/ GROUP			
AGENCY			AGENCY			AGENCY			AGENCY			
9. AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO	RADIO RQMTS	AGENCY	ID NO	RADIO RQMTS	AGENCY	ID NO	RADIO RQMTS	

216	ICS 3-82	PAGE	10. PREPARED BY (NAME AND POSITION)
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RADIO FREQUENCY ASSIGNMENT WORKSHEET

4 INCIDENT ORGANIZATION				1 INCIDENT NAME	2 DATE	3 OPERATIONAL PERIOD (DATE/TIME)																						
5 RADIO DATA																												
CACHE	FUNCTION	CH#	FREQUENCY	BRANCH	DIVISION/GROUP	DIVISION/GROUP	DIVISION/GROUP	BRANCH	DIVISION/GROUP	DIVISION/GROUP	DIVISION/GROUP	BRANCH	DIVISION/GROUP	DIVISION/GROUP	DIVISION/GROUP	INCIDENT COMMANDER	SAFETY OFFICER	OPERATIONS CHIEF	LOGISTICS DIRECTOR	ATTACHMENT SUPERVISOR	PLANNING SECTION CH	TRAINING UNIT	STATION LEADER	LOGISTICS SEC CH	GROUND SUPPORT UNIT LEADER	HAZARDOUS UNIT	COMM CENTER	TOTAL BY FREQ
USFS BOISE RADIO CACHE		1	168.050																									
		2	168.200																									
		3	168.600																									
		4																										
		5																										
		6																										
USFS REGION CACHE		1	168.050																									
		2	168.200																									
		3	169.925																									
		4	T 170.525 R 169.925																									
		5	168.625																									
FIRE- MARS		1	154.280																									
		2	154.295																									
		3	T 153.830 R 154.295																									
		4																										
		5																										
A G E N C Y	ID	FUNCTION	CH#	FREQUENCY																								
7 TOTAL RADIOS REQUIRED																												
217	ICS 3-82	7540.130-0296	8 PREPARED BY (NAME/POSITION)																									

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Basic Incident Command System (ICS) Independent Study



Three overlapping forms for the Basic Incident Command System (ICS) are shown. The forms are labeled with their respective ICS numbers: ICS 210-1 (Rev. 11/01), ICS 210-2 (Rev. 11/01), and ICS 210-3 (Rev. 11/01).

ICS 210-1 (Rev. 11/01) - Incident Report Form

AGENCY: _____ TYPE: _____ MANUFACTURER: _____ NAME: _____ NO: _____

ORDER/REQUEST NO: _____ DATE/TIME CHECK IN: _____

HOME BASE: _____

DEPARTURE POINT: _____

PILOT NAME: _____

DESTINATION POINT: _____

REMARKS: _____

INCIDENT LOCATION: _____

STATUS: _____ ASSIGNED _____ AVAILABLE _____

NOTE: _____

INCIDENT LOCATION: _____

STATUS: _____ ASSIGNED _____ AVAILABLE _____

NOTE: _____

ICS 210-1 (Rev. 11/01)

ICS 210-2 (Rev. 11/01) - Incident Report Form

AGENCY: _____ TYPE: _____ MANUFACTURER: _____ NAME: _____ NO: _____

ORDER/REQUEST NO: _____ DATE/TIME CHECK IN: _____

HOME BASE: _____

DEPARTURE POINT: _____

LEADER NAME: _____

METHOD TRAVEL: _____ OWN _____ BU _____ OTHER _____

ON MANIFEST: _____

CREW: _____ NO: _____ NAME: _____ (IF) _____

NO PER: _____

METHOD: _____

DESTINATION: _____

TRANSPORT: _____

ORDER: _____

REMARKS: _____

ICS 210-2 (Rev. 11/01)

ICS 210-3 (Rev. 11/01) - Incident Report Form

AGENCY: _____ TYPE: _____ MANUFACTURER: _____ NAME: _____ NO: _____

ORDER/REQUEST NO: _____ DATE/TIME CHECK IN: _____

HOME BASE: _____

DEPARTURE POINT: _____

LEADER NAME: _____

RESOURCE I.D. NO./NAMES: _____

ION POINT: _____

ETA: _____

ATION: _____

TIME: _____

O/S REST: _____ O/S PERS.: _____

O/S MECH: _____ ETR: _____

ICS 210-3 (Rev. 11/01)

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AIR OPERATIONS SUMMARY ICS 220		1. INCIDENT NAME 		2. OPERATIONAL PERIOD (Date & Time) 		3. DISTRIBUTION HELIBASES _____ FIXED WING BASES _____	
PERSONNEL AND COMMUNICATIONS		NAME	AIR/AIR FREQUENCY	AIR/GROUND FREQUENCY	5. REMARKS (Spec. Instructions, Safety Notes, Hazards, Priorities) 		
AIR OPERATIONS DIRECTOR		_____	_____	_____			
AIR ATTACK SUPERVISOR		_____	_____	_____			
HELICOPTER COORDINATOR		_____	_____	_____			
AIR TANKER COORDINATOR		_____	_____	_____			
_____		_____	_____	_____			
_____		_____	_____	_____			

6. LOCATION/ FUNCTION	7. ASSIGNMENT	8. FIXED WING		9. HELICOPTERS		10. TIME		11. AIRCRAFT ASSIGNED	12. OPERATING BASE
		NO.	TYPE	NO.	TYPE	AVAILABLE	COMMENCE		
13. TOTALS									

220 ICS 7540-130-0506 3-83	14. AIR OPERATIONS SUPPORT EQUIPMENT 	15. PREPARED BY <i>(include Date & Time)</i>
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